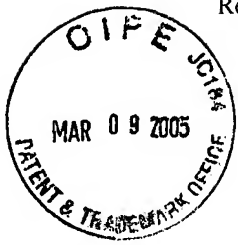


IFW

Appl. No. 10/623779
Reply to Office communication of 03/02/2005

Attorney Docket No. SEUS1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: HARALD GENDER
Serial No.: 10/623,779
Filed: 07/21/2003
Attorney Docket No.: SEUS1
Title: ANTI-SNORING DEVICE, METHOD FOR REDUCING SNORING, AND A
NASAL AIR CANNULA
Office Communication Mailed: 3/2/2005
Confirmation No: 6099

ART UNIT 3743

Date Mailed: 3/7/2005

EXAMINER: LEWIS, AARON J

Honorable Commissioner for Patents
P.O.Box 1450, Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF FEE DEFICIENCY

In response to the Notice of fee deficiency of March 2, 2005 Applicant respectfully submits the following items:

\$200.00 two additional independent claims fee


03/10/2005 RFEKADU1 00000012 10623779

01 FC:2201

200.00 0P

If this response is found to be incomplete, or if a telephone conference would otherwise be helpful, please call the undersigned at 617-558-5389

Respectfully submitted,



Aliko K. Collins, Ph.D.

Reg. No. 43,558

AKC Patents, 215 Grove Street, Newton, MA 02466

TEL: 617-558-5389, FAX: 617-332-0371

Certificate of Mailing

Date of Deposit 3/7/2005

Name: Aliko K. Collins, Ph.D. Signature



I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "First Class Mail" in an envelope with sufficient postage on the date indicated above and is addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/623.779	
	Filing Date	7/21/2003	
	First Named Inventor	Harald Genger	
	Art Unit	3743	
	Examiner Name	Aaron J. Lewis	
Total Number of Pages in This Submission	5	Attorney Docket Number	SEUS1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	AKC Patents		
Signature			
Printed name	Alvin K. Collins		
Date	3/7/2005	Reg. No.	43558

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Alvin K. Collins	Date	3/7/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 200

Complete if Known

Application Number	10/623,779
Filing Date	7/21/2003
First Named Inventor	Harald Genger
Examiner Name	Aaron J. Lewis
Art Unit	3743
Attorney Docket No.	SEUS1

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
----------	---------------

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
--------------	--------------	--------------------------------------------------	----------	---------------

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 43558	Telephone 617-558-5389
Name (Print/Type)	Allen K. Collins	Date 3/7/2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, DC 20231
www.uspto.gov

Paper No.

NOTICE OF FEE DEFICIENCY

The informality regarding the payment of the fee is indicated below in connection with

- ☐ the original filing of the application and/or preliminary amendment (e.g. additional claim fees)
- ☒ the reply filed on 2-16-05 because of the . The reply is not fully responsive to the prior Office action following matter(s). See 37 CFR 1.111 and 37 CFR 1.135.

FEE(S) DUE

- ☐ 1. The reply (e.g., amendment) is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance* is due within the time period set below.
- ☐ 2. The reply (e.g., amendment) is considered incomplete in that the Credit Card payment to cover the entire fee due to _____ Account (Card type + last 4 digits ONLY) was refused. The balance* is due within the time period set below.
- ☒ 3. The reply (e.g., amendment) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the time period set below.
- ☒ 4. The filing fee of \$ _____ submitted in this application is insufficient. A balance of \$ 200.00 is due for presentation of excess claims (37 CFR 1.16(b) & (c)).
- ☐ 5. Other.

Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):

The \$200.00 is for two independent claims.

APPLICANT IS GIVEN A TIME PERIOD OF ONE (1) MONTH or THIRTY (30) DAYS FROM THE MAILING DATE OF THIS NOTICE, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE IN ORDER TO AVOID ABANDONMENT. EXTENSIONS OF THIS TIME PERIOD MAY BE GRANTED UNDER 37 CFR 1.136.

THE INDICATED AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE YEARLY ON OCTOBER 1 (37 CFR 1.16 & 1.21). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS NOT NECESSARILY THE FEE INDICATED ABOVE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS POSTED ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

*Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Deborah Pollard

Legal Instruments Examiner (LIE) or Clerk of Group

Inquires regarding this Notice should be addressed to the above at 571-272-4383 (insert Phone Number).